

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029928

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 120

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0055

2 0550

3 1

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Length of stay in lb <u>10 yrs.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Route #1, Pierce City</u>	
3. NAME OF DECEASED (Type or print) First <u>Hugh</u> Middle <u>Caldwell</u> Last <u>Caldwell</u>		4. DATE OF DEATH Month <u>Aug.</u> Day <u>21</u> , Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/7/1896</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Frisco Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawrence County</u>	
11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Ann Wormington</u>	
14. NAME OF HUSBAND OR WIFE <u>Esther Caldwell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u>	
16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>Pierce</u> <u>Mrs. Hugh Caldwell, R #1, City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Probable cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Subacute myelogenous leukemia</u> <u>Chronic myelogenous leukemia</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Subacute myelogenous leukemia (leukostasis)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u> <u>1 mo</u> <u>3 yrs.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u>		20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u>7-17-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
20f. CITY, TOWN, OR LOCATION <u>Monett, Mo.</u>		COUNTY <u>Lawrence</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>7-17-62</u> to <u>8-21-62</u> and last saw him alive on <u>8-21-62</u> Death occurred at <u>11:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert M. Doolley M.D.</u>		22b. ADDRESS <u>Monett, Mo.</u>	
22c. DATE SIGNED <u>Aug 23, 62</u>		22d. LOCATION (City, town, or county) <u>Lawrence County, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8/23/62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lawrence County, Mo.</u>	
24. FUNERAL DIRECTOR <u>J. D. Buchanan, Monett, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>8-23-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. J. N. Cook</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. J. N. Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

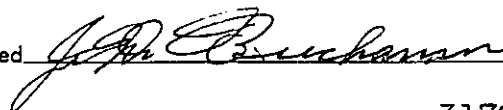
AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.